

MEMBERSHIP APPLICATION SUMMER 2024

Instructions: Please download form, fill it out, and click the submit button when done.

Member Name – Last: _____ First: _____

Spouse/Partner Name – Last: _____ First: _____
(if applicable)

Name and age of children: _____, _____, _____
Child 1 age Child 2 age Child 3 age
_____, _____, _____
Child 4 age Child 5 age Child 6 age

A membership only includes parents or guardian and children 21 and under. All others must purchase their membership or pay guest fees.

Member Address: _____

Email Address: _____

Contact Numbers:

Home: _____ Cell: _____ Work: _____

Emergency contact person: _____ Phone: _____

Membership Options: *(Please check one)*

Family (with children) membership	\$400.00
	OR
Couples membership	\$325.00
	OR
Single membership	\$275.00

TOTAL ENCLOSED \$ _____ Check #: _____ Cash \$ _____ Paid online:

I hereby agree to abide by all the rules of the club.

(Members may begin swimming as soon as dues are paid. You will not be sent verification of payment. Sign in to swim if you have sent payment in the mail.)

Signature of Member: _____ Date: _____

Please mail to:
Riverside Swimming Club, Inc.
P.O. Box 82574
Lafayette, LA 70598

Questions?
Call: 337-534-8455